

<b>MULTIPLE DEDUCTIBLE CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. _____	FILING DATE _____	
						APPLICANT(S) _____		
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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<b>TOTAL IND.</b>								
<b>TOTAL DEP.</b>								
<b>TOTAL CLAIMS</b>								

**BEST AVAILABLE COPY**